

FINANCIAL AFFIDAVIT					
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE					
IN THE CASE OF		IN UNITED STATES		<input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
V.S. <u>NOVOA</u>		FOR		LOCATION NUMBER	
		AT			
PERSON REPRESENTED (Show your full name)		1 <input type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant—Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other		DOCKET NUMBERS <u>04-1018-JKD</u> District Court Court of Appeals	
<u>MANUEL DE JESUS NOVOA</u>					
CHARGE/OFFENSE (describe if applicable & check box →)		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor			
ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY					
EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self-Employed Name and address of employer: <u>peasant working fields, raising corn + other crops</u> IF YES, how much do you earn per month? \$ <u>90. IF HE WORKS every day</u> IF NO, give month and year of last employment: _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ IF YES, how much does your Spouse earn per month? \$ _____				
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED SOURCES \$ _____ \$ _____				
ASSETS	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____			
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>except for small 3-room shack that he + family live in</u> IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE DESCRIPTION _____ _____ _____			
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED SEPARATED OR DIVORCED		Total No. of Dependents: <u>4</u> List persons you actually support and your relationship to them: <u>wife 2 sons and 1 daughter</u>	
	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LEASE COMPANIES, CREDIT ACCOUNTS, ETC.)</small>	APARTMENT OR HOME	Creditors	Total Debt	Monthly Payment
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) <u>3/11/04</u>					
SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) <u>MANUEL DE JESUS NOVOA</u>					